

For BPD use only:
Customer Name

Customer No.

PD F 2001 E
Department of the Treasury
Bureau of the Public Debt
(Revised December 2001)

RELEASE

OMB No. 1535-0114

I, _____, am the registered owner, coowner, or other person entitled or authorized to request payment of the following-described United States Savings Bonds.

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Social security number, names, including middle names or initials, and addresses on the bonds)

(If you need more space to describe your bonds, use the continuation sheet on page 2.)

The proceeds of these bonds were paid to _____ upon a request signed in the name of _____ on _____ (Date)

I waive any claim I might have to payment of these bonds or the issue of new bonds in lieu thereof. I also ratify the payment of the bonds as though payment had been made to me. I release the United States of America from any and all liability to me for the bonds.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here

(Signature)

(Print Name)

Home Address

(Number and Street or Rural Route)

(Social Security Number)

(City)

(State)

(ZIP Code)

(Daytime Telephone Number)

E-Mail Address

Certifying Officer – The individual must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is well-known or proved to me, personally appeared before me this _____ day of _____ (Month), _____ (Year), at _____ (City), _____ (State), and signed this form.

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Street address)

My commission expires _____

(For notaries only)

(City)

(State)

(ZIP Code)

IDENTIFICATION NOTATIONS

☐

Customer Account Number
and Date Established: _____

☐

Documents - Description: _____

☐

Identified by (Signature and Address): _____

(SEE INSTRUCTIONS ON PAGE 2)

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Social security number, names, including middle names or initials, and addresses on the bonds)

(If you need more space to describe your bonds, use a continuation sheet and attach it to the form.)

INSTRUCTIONS

"BONDS" AS REFERRED TO BELOW ALSO INCLUDES SAVINGS NOTES WHEN APPROPRIATE

WHO SHOULD SIGN

The registered owner or coowners of the bonds must sign this form. If the registered owner is deceased, or is a minor or incompetent, each person entitled to the bonds or to an interest therein, or authorized to request payment, must sign.

CERTIFICATION

Person who signs form

You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the request in the presence of the officer. Authorized certifying officers are available at banking institutions in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530 and Public Debt Series Nos. 3-80 and 2-98.

Certifying officer

The person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he/she is personally well-known to you. You must place an adequate notation on page 1, or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. Complete and sign the certification form and affix the seal or stamp required in certifying requests for payment. If you are a notary public or similar officer, show the expiration date of your commission.

WHERE TO SEND

Send the completed form to the Bureau of the Public Debt, Office of Investor Services, PO Box 1328, Parkersburg, WV 26106-1328.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" above.**